

Attachment 7

**INSTRUCTIONS FOR
LETTERS OF SUPPORT**

Applicants must submit three to five letters of support with this RFA. At a minimum, one letter of support must be from a local Family PACT provider and the Local Maternal, Child, and Adolescent Health Director or public health designee in the county where the applicant proposes to provide services. See Section I. D. Program Requirements in this RFA for further details.

The letter must be on agency/organization letterhead and must include the following:

- The date the letter is signed.
- The name of the organization.
- The mailing address and physical address (if different) of the organization.
- telephone number and email address of the representative
- The letter of support must be signed in blue ink and the printed/typed name and title of the coalition member must be included below the signature.